

RECIPROCITY APPLICATION

**FOR ASI USE
ONLY**

PLEASE NOTE: This application will NOT be processed without verification of your paid employment as a nurse aide within the previous 24 months (unless you were placed on the state registry within the previous 24 months). Acceptable verification includes a copy of a W2 form or a pay stub from your employer.

5

Certification Information: YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

State of Certification

Certification Number

Issue Date:

month

day

year

(Application continues on reverse side)

6 Were you ever certified as a nurse aide on the Mississippi registry?

☐ Yes

☐ No

If you answered "Yes" to the above question, you must supply your Mississippi Nurse Aide Certificate Number.

Mississippi
Nurse Aide
Certificate Number

7 Registration Fee: YOU MUST SUBMIT A FEE OF \$25.00 ALONG WITH THIS APPLICATION. FEES MUST BE PAID ONLY BY CERTIFIED CHECK, COMPANY CHECK, OR MONEY ORDER MADE PAYABLE TO **"ASSESSMENT SYSTEMS, INC."** **PERSONAL CHECKS OR CASH WILL NOT BE ACCEPTED.**

Amount enclosed: \$.

8 Provide employer information if you are employed as a nurse aide in Mississippi.

Contact your employer for the appropriate employer code. If you are not employed or your employer does not have an assigned code, please leave this section blank. If you supply an employer code you must also supply a hire date.

Name of employer: _____

Nursing
Employer
Code

8

Date
Employee
Hired:

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month day year

NOTE: If a long term care facility is paying the reciprocity fee, you must supply this code.

9 Application Affidavit:

I understand that I am responsible for making sure that all of the information provided in this application is completely true and correct. I understand that any information I give that is not true may jeopardize my certification status as a nurse aide, and I could be prosecuted by the state of Mississippi.

Date

Signature of Applicant

10 Mail To:

YOUR APPLICATION, APPROPRIATE DOCUMENTATION, AND REGISTRATION FEE MUST BE MAILED TO:

**ASI - Nurse Aide
Mississippi Nurse Aide Registry
PO Box 13785
Philadelphia, PA 19101-3785**